

Town of Lamoine
Application for Outside Agency Funding
Submission Deadline November 30, 2010

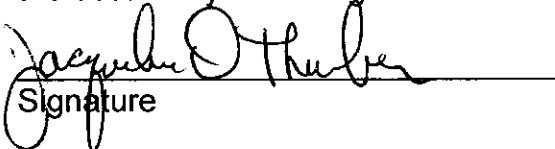
Organization Name	Loaves & Fishes Food Pantry
Mailing Address	P. O. Box 1672
City, State, Zip	Ellsworth, Maine 04605
Contact Person	Mildred Jordan/ Jackie Thurber
Telephone Number(s)	667-8345 667-2707
E-mail address	
Tax Identification Number	01-0538609
Amount of Funding Sought (limit \$600*)	\$600.00
Date of Application	November 30, 2010

Please provide the following information (use separate sheet or submit additional materials if necessary):

1. Outline the services to be provided to the residents of Lamoine for the fiscal year (July through June) in which the funds are sought.
We will provide supplementary food when needed without cost or discrimination of any kind.
2. State the General Purpose of your organization
The purpose of Loaves and Fishes is to be a supplementary food source for those in need and to work together with others to help end hunger in Maine.
3. Outline other fundraising efforts by your organization
We ask each community that receives assistance for donatio. Each of our sponsoring organizations holds its own fund raisers or collections (suppers, yard sales, church offerings,
4. Please attach a copy of your organization's most recent operating budget ^(over)

You may send other supporting material with this request. The Town of Lamoine makes no guarantee that any organization will be funded.

I certify that the above and attached information about my organization is true to the best of my knowledge.


Signature

November 30, 2010
Date

Jacqueline D. Thurber
Printed Name

Loaves and Fishes Food Pantry

2010 Budgeted Items:	Amount Budgeted	Spent Thru 10/31/10	Balance:
Food	\$ 32,270	\$ 34,916.05	-\$ 2,646.05
Insurance	\$ 1300	\$ 602.00	+\$ 698.00
Manager	\$ 7,800	\$ 6,500.00	+\$ 1,300.00
Repair/ Maintenance	\$ 2,000	\$ 1,094.39	+\$ 905.61
Supplies	\$ 1,430	\$ 981.57	-\$ 40.00
Trash Removal	\$ 1,200	\$ 967.00	+\$ 233.00
Utilities	\$ 5,800	\$ 4,152.52	+\$ 1,647.48
Totals	\$ 51,800	\$ 49,213.53	+\$ 2,586.47

Our building is owned outright by Loaves and Fishes and was built ten years ago therefore there is no rent or mortgage.

Our food expenses are already over budget this year due to the increase in pantry usage caused by our continued poor economy. Also due to the poor economy our donations this year have been significantly lower, lowering our income through October 31, 2010 to \$25,977.32.

Loaves and Fishes provided food for 147 Lamoine families encompassing 560 people during the first ten months of 2010.


In 2009 we provided food for a total of 152 Lamoine families encompassing 544 people. This was 6.12% of all the people served by Loaves and Fishes in 2009. Proportionally 6.11% of our 2009 budget was \$2,798.06

Proposed budget for 2011:

Food	\$41,000.00	Supplies	\$ 1,575.00
Insurance	\$ 1400.00	Trash	\$ 1,200.00
Manager	\$ 7,956.00	Utilities	\$ 5,200.00
Repairs/Maintenance	\$ 1,750.00	Total	\$ 60,081.00

If there is any other information you would like please let me know. Thank you for whatever consideration you can give our request for funds to feed the hungry.

Respectfully Submitted,


Jacqueline D. Thurber
Manager

Town of Lamoine
Application for Outside Agency Funding
Submission Deadline November 30, 2010

Organization Name	Faith in Action Community Connection
Mailing Address	P.O. Box 1446
City, State, Zip	Ellsworth ME 04605
Contact Person	Jo Cooper
Telephone Number(s)	664-6016
E-mail address	jcooper@faithinactionellsworth.org
Tax Identification Number	71-0957829
Amount of Funding Sought (limit \$600*)	\$600.
Date of Application	11/23/10

Please provide the following information (use separate sheet or submit additional materials if necessary): *please see attached*

1. Outline the services to be provided to the residents of Lamoine for the fiscal year (July through June) in which the funds are sought.
2. State the General Purpose of your organization
3. Outline other fundraising efforts by your organization
4. Please attach a copy of your organization's most recent operating budget

You may send other supporting material with this request. The Town of Lamoine makes no guarantee that any organization will be funded.

I certify that the above and attached information about my organization is true to the best of my knowledge.

Josephine Cooper
Signature

11/23/10
Date

S. Josephine Cooper
Printed Name

Faith in Action request to Town of Lamoine

11/23/10

1. Services to be provided:

Faith in Action provides free services to elderly and disabled residents of Lamoine such as transportation, help with chores, friendly visits and simple home repairs. We also offer meal delivery, resource information and our senior center programming at the former Moore School in Ellsworth, which includes resources, computers, socialization, enrichment classes and exercise classes. During 2010, Faith in Action provided free direct services to 18 Lamoine residents.

2. General Purpose:

Our mission is to provide free services to elderly and disabled residents of Hancock County so that they can live independently, with dignity and a strong quality of life.

3. Outline fundraising efforts:

We raised money through individual donations, grants, fundraising events, and direct appeal. We do not receive any state or federal funding at this time.

4. Copy of most recent operating budget is attached.

Faith in Action Community Connection
Profit & Loss Budget Overview
 January through December 2010

	Jan - Dec 10
Ordinary Income/Expense	
Income	
4100 · Cash Donations	14,000.00
4200 · Fundraisers	41,000.00
4300 · Grants/gifts/support	45,000.00
Total Income	100,000.00
Expense	
5100 · Salaries & related expenses	64,210.00
5200 · Fundraiser expenses	2,966.00
5400 · Designated Projects Expenses	13,795.00
5800 · Volunteer Expenses	4,600.00
6000 · Professional Fees	2,800.00
6100 · Office Expenses	5,464.00
6200 · Promotion (advertising)	2,400.00
6300 · Travel & meetings expenses	1,000.00
6400 · Business expenses	2,765.00
Total Expense	100,000.00
Net Ordinary Income	0.00
Net Income	0.00



American Red Cross

Zeid
11/24/10
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PINE TREE CHAPTER

73 Hammond Street Suite 1

Bangor ME 04401

Phone: 207 941-2903 Fax: 207 941-2906

www.pinetree.redcross.org

Contact: Michael Sirota, Development Director

sirotam@pinetree.redcross.org

November 23, 2010

Selectmen, Town of Lamoine
606 Douglas Highway
Lamoine ME 04605

Dear Selectmen,

In the year ended June 30, 2010 the Pine Tree Chapter of the American Red Cross, a local Maine agency for 91 years, provided services with a value of \$1924.90 to 34 residents of the Town of Lamoine.

Every Lamoine resident is eligible to use all Chapter services. In the year ended June 30, 2010, the Chapter provided emergency, disaster, armed forces, and training services residents of Lamoine as described below and disclosed on the attached data sheet.

That is why **I ask the Town of Lamoine to make a municipal contribution of \$500 to the Pine Tree Chapter of the American Red Cross in calendar year 2011 or the fiscal year 2011-2012.** I ask you to place an article requesting those funds (\$1 or less for every Town of Lamoine resident) – or any amount you consider appropriate – on the next municipal warrant for a vote at the next Town Meeting, or include the gift in the municipal budget, or take any other suitable action resulting in a municipal gift.

In the year ended June 30, 2010, the Pine Tree Chapter these services to Mainers:

- ▶ Disaster and Emergency Services – food, clothing, shelter and emotional support – to more than 300 people facing an unexpected house fire, flood, or other personal disaster, including \$349.90 worth of services to 1 Lamoine resident;
- ▶ Service to the Armed Forces – helping connect and serve military families in times of family emergencies – to more than 750 soldiers, sailors, airmen, Marines, and Maine National Guard members and their loved ones, including \$225 worth of services to 6 people from Lamoine;
- ▶ Health and Safety Education and Training – including First Aid, CPR, Life Saving, Water Safety and other programs – to nearly 11,000 Mainers, including \$1,350 worth of training for 27 people from Lamoine; and
- ▶ Preparation Planning and Services to communities, businesses and local agencies – including Lamoine's county Emergency Management Agency – preparing for hurricanes, floods, storms, power outages, pandemic and other natural and man-made disasters.

The Pine Tree Chapter helps people in 304 Maine communities. Your municipal support in calendar year 2011 or fiscal year 2011-2012 will help provide critical services to people who live in the Town of Lamoine. Other communities will support services for neighbors in your county. *The Chapter receives no money from the national office of the American Red Cross, from the federal or state or county government, or from United Way.*

The Pine Tree Chapter of the American Red Cross is grateful for the Town of Lamoine's most recent gift of \$360. With a contribution next year of \$500 – or any amount – the Chapter will continue to provide Lamoine residents with disaster response, Armed Forces Emergency and Health and Safety services. Thank you for considering this municipal support request for the coming year.

Sincerely,

Michael Sirota, Development Director

PINE TREE CHAPTER OF THE AMERICAN RED CROSS

Year-round services available for residents of the Town of Lamoine

- ▶ **Disaster and Emergency Services** – food, clothing, shelter, medicine and medical equipment replacement, and emotional support to people facing a personal disaster such as a house fire, flood, storm damage, or severe power outage
- ▶ **Service to the Armed Forces** – helping connect military families in times of family emergency or the birth of a child, and helping find emergency financial assistance to soldiers, sailors, airmen, Marines, and members of the Maine National Guard
- ▶ **Health and Safety Education and Training** – including First Aid, CPR, Lifesaving and Water Safety and other training programs
- ▶ **Preparation Planning and Services** – training and collaboration with communities, businesses and local agencies – including Emergency Management Agencies – preparing for earthquake, flood, hurricane, power outage, toxic spill, pandemic and other natural and man-made disasters

**Last year, 34 Lamoine residents
received \$1,924.90 in services provided by the
Pine Tree Chapter of the American Red Cross.**

**Lamoine residents made use of these valued
Pine Tree Chapter program services
Between July 1, 2009 and June 30, 2010:**

Local Disaster Relief Services –	1 RESIDENT
Value of LDR Services provided: \$349.90	
Service to the Armed Forces –	6 RESIDENTS
Value of SAF Services provided: \$225	
Health and Safety Education and Training –	27 RESIDENTS
Value of H&S Services provided: \$1,350	

SEP 24 REC'D

Town of Lamoine
Application for Outside Agency Funding
Submission Deadline November 30, 2010

Organization Name	Washington Hancock Community Agency
Mailing Address	P.O. Box 220
City, State, Zip	Millbridge, ME 04658
Contact Person	Patsy Woodbury
Telephone Number(s)	207-546-2544, ext. 3336
E-mail address	pwoodbury@whcaca.org
Tax Identification Number	E 59810
Amount of Funding Sought (limit \$600*)	\$600
Date of Application	11-23-10

Please provide the following information (use separate sheet or submit additional materials if necessary):

- Outline the services to be provided to the residents of Lamoine for the fiscal year (July through June) in which the funds are sought.
WHCA provided LIHEAP, Heating Warmth Fund, Child & Adult Food Program and Transportation services to residents in 2010.
- State the General Purpose of your organization
WHCA brings community resources together to help people in Washington and Hancock counties to achieve self-sufficiency and a better quality of life.
- Outline other fundraising efforts by your organization
WHCA does various fundraising efforts including raffles, auction and other functions for smaller programs such as Christmas is for Kids and backpack program. We also do capital campaigns for Friendship Cottage and THE Heating & Warmth Fund.
- Please attach a copy of your organization's most recent operating budget

You may send other supporting material with this request. The Town of Lamoine makes no guarantee that any organization will be funded.

I certify that the above and attached information about my organization is true to the best of my knowledge.

Patsy Woodbury
Signature

11-23-10
Date

Patsy Woodbury
Printed Name

WASHINGTON HANCOCK COMMUNITY AGENCY FY 2011 BUDGET

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CONSOLIDATED BUDGET ALL DIVISIONS

	2011 BUDGET	2010 BUDGET	VARIANCE	2011 BUDGET	2010 ACTUAL	VARIANCE
REVENUE						
Federal						
State	\$1,124,997	\$310,848	\$814,149	\$1,124,997	\$309,558	\$815,439
Local	\$8,019,733	\$8,375,328	-\$307,007	\$8,019,733	\$7,671,741	\$347,992
	\$1,931,991	\$1,675,682	\$234,385	\$1,931,991	\$2,817,052	-\$850,270
Total Revenues	\$11,076,721	\$10,361,858	\$714,863	\$11,076,721	\$10,798,351	\$278,370
EXPENSES						
Salary						
Fringe	\$2,355,840	\$2,373,995	-\$18,155	\$2,355,840	\$2,533,955	-\$178,115
Total Personnel	\$948,990	\$1,050,737	-\$101,747	\$948,990	\$987,439	-\$38,449
	\$3,304,830	\$3,424,732	-\$119,902	\$3,304,830	\$3,521,394	-\$216,564
Equipment						
Client Transportation	\$33,042	\$49,484	-\$16,442	\$33,042	\$40,777	-\$7,735
Weatherization Materials/HHG Vehicles	\$1,807,201	\$1,810,464	-\$3,263	\$1,807,201	\$1,791,191	\$16,010
Shelter Assistance	\$863,347	\$833,590	\$29,757	\$863,347	\$627,887	\$235,460
Emergency Services	\$1,085,112	\$1,065,497	\$19,615	\$1,085,112	\$1,096,986	-\$11,874
Childcare Food Reimbursements	\$92,400	\$163,928	-\$71,528	\$92,400	\$129,587	-\$37,187
Childcare & Contractor Payments	\$263,601	\$280,223	-\$16,622	\$263,601	\$232,750	\$30,851
Other	\$1,700,584	\$698,920	\$1,001,664	\$1,700,584	\$1,264,971	\$435,613
Space Costs						
Travel Expenses	\$216,516	\$230,294	-\$13,778	\$216,516	\$198,041	\$18,475
Office Expenses/Supplies	\$145,420	\$160,190	-\$14,770	\$145,420	\$167,124	-\$21,704
Vehicle Expenses	\$412,011	\$377,898	\$34,113	\$412,011	\$485,176	-\$73,165
Miscellaneous Expenses	\$268,490	\$283,290	-\$14,800	\$268,490	\$270,776	-\$2,286
Indirect Costs	\$212,982	\$319,027	-\$106,045	\$212,982	\$335,594	-\$122,612
Total Other	\$624,996	\$535,985	\$89,011	\$624,996	\$518,123	\$106,873
	\$1,880,415	\$1,906,684	-\$26,269	\$1,880,415	\$1,974,834	-\$94,419
Total Expenses	\$11,030,532	\$10,233,522	\$797,010	\$11,030,532	\$10,680,357	\$350,175
BALANCE						
	\$46,189	\$128,336	-\$82,147	\$46,189	\$117,994	-\$71,805

2010 Actual is preliminary End of Year Totals



WASHINGTON HANCOCK COMMUNITY AGENCY

P.O. Box 280 2 Maple Street, Milbridge, Maine 04658-0280

November 2010 TEL: 207-546-7544 TDD: 207-546-7607 FAX: 207-546-3216 Website: www.whcacap.org

Town of Lamoine
606 Douglas Highway
Lamoine, ME 04605

RE: **Annual Request for Local Match Funds**

Dear Board of Selectmen:

The Washington Hancock Community Agency is requesting your support to enable us to apply for and leverage funding that allows us to provide and expand the services provided to your community. The Federal Medicaid Program will match any public funds raised locally that are dedicated to transportation. This means you will almost triple the impact of your contribution to support WHCA Transportation services.

The services WHCA provides have a direct impact on your general assistance by reducing reliance on your general assistance program. The amount of municipal funding we request represents 2% of the total funds expended in your community the previous fiscal year. During the last fiscal year WHCA provided **\$71,685.87** in services to your community. We are requesting **\$1,434** which represents 2% of the funds expended for services to help low income people in your community. The residents of Lamoine requested and received the following services:

<u>Services Provided</u>	<u>No. Households</u>	<u>Amount Expended</u>
The Heating & Warmth Fund (THAW)	3	\$539.39
LI HEAP (fuel assistance)	61	\$52,849.22
Child & Adult Care Food Program	6	\$3,262.28
1,116 rides were provided by our transportation division		\$15,034.98

Total Households served 70,
not including the 1,116 rides provided by transportation

Total Amount expended \$71,685.87

WHCA also provides services that do not represent a dollar value such as the Child Safety Seat Program which provides car seats to families and the Christmas is for Kids program. Additionally, our Downeast Business Alliance division provides services to small business owners through loans, the Incubator Without Walls and the Get Me Market Ready programs and the Earned Income Tax Credit service.

Thank you for your consideration. I would be happy to meet with you or your budget committee to answer any questions or address any concerns. I can be reached at 546-7544, extension 3336.

Sincerely,

Patsy Woodbury
SEED Coordinator

Helping People. Changing Lives.

United Way
of Eastern Maine



WHCA is an Equal Opportunity Employer

Town of Lamoine
Application for Outside Agency Funding
Submission Deadline November 30, 2010

Organization Name	Yesterday's Children, Inc
Mailing Address	PO Box 829
City, State, Zip	Ellsworth, Me 04605
Contact Person	Mary Hanna or Jeffrey Cake
Telephone Number(s)	(207) 667-3028
E-mail address	yci@gwi.net
Tax Identification Number	01-03695530
Amount of Funding Sought (limit \$600*)	\$300 ⁰⁰
Date of Application	November 3, 2010

Please provide the following information (use separate sheet or submit additional materials if necessary):

1. Outline the services to be provided to the residents of Lamoine for the fiscal year (July through June) in which the funds are sought.
See attached brochure
2. State the General Purpose of your organization
to provide services to individuals with mental retardation such as ICF/MR nursing, group home & day habilitation
3. Outline other fundraising efforts by your organization
we have done yard sales, raffles, bake sales, car washes and a 5K race.
4. Please attach a copy of your organization's most recent operating budget
See Attached Financials

You may send other supporting material with this request. The Town of Lamoine makes no guarantee that any organization will be funded.

I certify that the above and attached information about my organization is true to the best of my knowledge.


Signature

11/18/10
Date

Jeffrey Cake, Executive Director
Printed Name

Town of Lamoine
Application for Outside Agency Funding
Submission Deadline November 30, 2010

Organization Name	child and family opportunities, Inc.
Mailing Address	PO Box 648
City, State, Zip	Ellsworth, ME 04605
Contact Person	Jennifer Dyer
Telephone Number(s)	(207) 667-2995
E-mail address	Jenniferd@childandfamilyopp.com
Tax Identification Number	01-0288757
Amount of Funding Sought (limit \$600*)	\$600.00
Date of Application	11/30/2010

Please provide the following information (use separate sheet or submit additional materials if necessary): *Please See attached*

1. Outline the services to be provided to the residents of Lamoine for the fiscal year (July through June) in which the funds are sought.
2. State the General Purpose of your organization
3. Outline other fundraising efforts by your organization
4. Please attach a copy of your organization's most recent operating budget

You may send other supporting material with this request. The Town of Lamoine makes no guarantee that any organization will be funded.

I certify that the above and attached information about my organization is true to the best of my knowledge.

Rachel L. Nobel
Signature

11/30/2010
Date

Rachel L. Nobel
Printed Name



November 30, 2010

Application for Outside Agency Funding for Child and Family Opportunities, Inc.

1. Services to be provided to the residents of Lamoine for the Fiscal year 2010-2011:

Child and Family Opportunities, Inc. is providing Head Start/Early Head Start services to 3 children and their families who reside in Lamoine at a cost of more than \$29136.00. Included in the services we provide are health, mental health, nutrition, and education programs.

For the 2010- 2011 Head Start program year, we are asking support for our services at a level of \$200 per child from the towns in which they reside, which in this case would be \$600.00. This amount is about 2% of the actual cost per child who is being served by our Head Start program.

2. General Purpose of Child and Family Opportunities, Inc.

Head Start/Early Head Start provides a comprehensive child development program and supportive services to income eligible children, ages six weeks through five years, and their families. Head Start is a nationally recognized program that provides health, nutrition, education, mental health and social services to help children and their parents reach their full potential. Often our program is the first line of defense in the identification and treatment of children with special needs. *Early intervention can often save your town money in its school budgets for special education.*

Child and Family Opportunities, Inc. has provided Head Start services designed to meet the needs of families in Downeast Maine for more than 40 years. We collaborate with other health, education and human service agencies in the outlying communities to ensure a service delivery system that effectively responds to the needs and efficiently uses available resources. We are mandated by the Federal government to raise 25% of our program's operating budget via community support.

3. Additional fundraising efforts in progress by Child and Family Opportunities, Inc.

CFO is currently in the process of our Annual Appeal. We send our request to over 500 private and corporate donors in Washington and Hancock counties.

4. Operation Budget for CFO

See attached budget for FY 2010. We would be happy to provide FY 2011 budget upon finalization if needed.

Thank you for your time and consideration!

Child and Family Opportunities, Inc.

FY2010 BUDGET

EXPENDITURES		REVENUE
Personnel	2,828,453.99	1,888,263.18 Federal Head Start Agreement and HS ARRA
Fringe Benefits	675,452.74	399,978.00 State Head Start Agreement
Occupancy/Utilities	193,137.13	287,276.50 Early Head Start (EHS) Agreement and EHS ARRA
Janitorial/Mtce/Repairs	72,225.45	64,312.00 Collaboration Funding
Food Sponsorship Program (CACFP)	267,090.00	301,688.00 Child Care Subsidized Slots Agreement
Training	37,752.00	235,881.00 Resource Development Center (RDC) Agreement
Travel	64,700.00	17,100.00 RDC Miscellaneous MOUs and Programs
Equipment (Minor)	6,800.00	42,439.00 Child & Adult Food Program (CACFP)-Homes
Supplies	55,532.00	158,497.00 CACFP Home Provider Reimbursement
Contractual	92,149.75	137,613.00 CACFP Centers Reimbursement
Parent Services/Training/Activities	10,700.00	177,810.00 Healthy Peninsula Project (HPP) Agreement
HPP Consolidated School Health Program (Pass thru)	49,633.00	49,633.00 HPP CSHP
Other (incl. Insurance, Postage, Advertising, Printing, etc.)	92,174.85	30,158.00 HPP Misc Grants and Agreements
Subtotal	4,445,800.90	587,552.00 Child Care Revenue
Less Administrative Costs	(491,879.39)	22,555.00 Restricted Donations
Total Direct Expense	3,953,921.51	11,500.00 Unrestricted Donations
G&A Allocation	491,879.39	7,000.00 Unrestricted Donations (HPP specific)
		4,419,255.68 Subtotal
		26,545.23 Unidentified/Unspecified Revenue
TOTAL EXPENSE	4,445,800.90	4,445,800.90 TOTAL REVENUE
Federal Head Start (All) In-Kind Donations/Support	497,842.00	497,842.00 Federal Head Start (All) In-Kind Donations/Support
Early Head Start In-Kind Donations/Support	65,099.00	65,099.00 Early Head Start In-Kind Donations/Support
TOTAL IN-KIND EXPENSE	562,941.00	562,941.00 TOTAL IN-KIND REVENUE
TOTAL	5,008,741.90	5,008,741.90 TOTAL

Town of Lamoine
Application for Outside Agency Funding
Submission Deadline November 30, 2010

Organization Name	Lamoine Historical Society
Mailing Address	362 Lamoine Beach Rd.
City, State, Zip	Lamoine ME 04605
Contact Person	Anne Stocking
Telephone Number(s)	(207) 667-6564
E-mail address	annestocking@roadrunner.com
Tax Identification Number	01-0371231
Amount of Funding Sought (limit \$600*)	\$600
Date of Application	

Please provide the following information (use separate sheet or submit additional materials if necessary):

PLEASE SEE ATTACHED

1. Outline the services to be provided to the residents of Lamoine for the fiscal year (July through June) in which the funds are sought.
2. State the General Purpose of your organization
3. Outline other fundraising efforts by your organization
4. Please attach a copy of your organization's most recent operating budget

You may send other supporting material with this request. The Town of Lamoine makes no guarantee that any organization will be funded.

I certify that the above and attached information about my organization is true to the best of my knowledge.

Anne Stocking
Signature

November 19, 2010
Date

Anne Stocking
Printed Name

LAMOINE HISTORICAL SOCIETY
Application for Outside Agency Funding
November, 2010

1. Services provided to the residents of Lamoine:

- A. The Historical Society sponsors several programs each year. These are open to the public free of charge. During 2010, we offered programs on "Holidays, Celebrations and Social Gatherings"; the US. Navy Coaling Station (now Lamoine State Park); and "Shipwrecks and Mishaps Related to Lamoine." In addition, we partnered with Lamoine Community Arts to present a costumed reading of *Cully's Gold*, a play for middle school students by Lamoine playwrights Carol Korty and Susa Wuorinen, to a standing room only audience at the Ellsworth Public library
- B. The Historical Society owns and maintains the East Lamoine Meeting House, which provides a meeting space for the community. Traditionally, the Baptist Church holds its homecoming service there each summer. It is also the venue for the annual community "Pot Luck Concert," and families have used the building for various functions. In 2009, it was used for a memorial service, and in the summer of 2010 it was used by the grandson of a local resident for his wedding. Although contributions are taken at some events, we do not charge for the use of the building.
- C. The Historical Society maintains a collection of archival material and artifacts related to the history of Lamoine. These have been used by the Town, by school groups and by individuals looking for information on family and area history. This year, the archives were used extensively by Historical Society members in developing programs. We do not presently charge for the use of our collections, beyond pass-on costs for expenses incurred, such as copying photographs.
- D. The Historical Society works with teachers and students at the Lamoine School. Each November board member Jo Cooper leads second grade students on a historic tour of Lamoine. In addition, in 2010 the fifth grade researched and created posters on holidays for one of our summer programs. We do not charge for any work we do with the school.

2. General purpose:

The mission of the Lamoine Historical Society is to collect, preserve and interpret objects, documents, archaeological materials and specimens which illustrate the history of the Town of Lamoine and its environs, and to preserve the East Lamoine Meeting House.

3. Fundraising efforts:

Our primary sources of income are dues and donations. We also raise a modest amount from the sale of Historical Society publications. In 2009 we were awarded a grant by the Maine Community Foundation through the Belvedere Historic Preservation Fund to hire a qualified consultant to help us develop a plan to restore and maintain the Meeting House. This grant required matching funds from the Historical Society, and the Town's contribution for 2008 was part of that match. We are currently pursuing grants to begin work to preserve the building in accordance with the plan.

LAMOINE HISTORICAL SOCIETY
REVENUE AND EXPENSES
Fiscal Year 2009

REVENUE	
Dues	\$ 240.00
Contributions*	6,173.00
Sales	615.00
Other – Bequest from Hodgkins Trust*	10,000.00
TOTAL REVENUE	\$ 17,028.00

* \$14,760.00 of this is dedicated to repair and maintenance of the East Lamoine Meeting House.

EXPENSES	
Building Maintenance & Insurance	\$ 2,166.00
Collections	71.00
Administrative expenses	434.00
Consultant's fees**	2,272.00
TOTAL EXPENSES	\$ 4,943.00

** Paid for from grant funds received in 2008

Town of Lamoine
Application for Outside Agency Funding
Submission Deadline November 30, 2010

Organization Name	Maine Coast Memorial Hospital
Mailing Address	50 Union St
City, State, Zip	Ellsworth, ME 04605
Contact Person	Jack A. Frost
Telephone Number(s)	207-664-5548
E-mail address	jfrost@mainehospital.org
Tax Identification Number	01 0198331
Amount of Funding Sought (limit \$600*)	\$600 -
Date of Application	November 17, 2010

Please provide the following information (use separate sheet or submit additional materials if necessary): See attachment for #s 1-4.

1. Outline the services to be provided to the residents of Lamoine for the fiscal year (July through June) in which the funds are sought.
2. State the General Purpose of your organization
3. Outline other fundraising efforts by your organization
4. Please attach a copy of your organization's most recent operating budget

You may send other supporting material with this request. The Town of Lamoine makes no guarantee that any organization will be funded.

I certify that the above and attached information about my organization is true to the best of my knowledge.

Jack A. Frost
Signature

11/17/10
Date

Jack A. Frost
Printed Name

November 17, 2010

Mr. Stu Marckoon, Secretary
Lamoine Budget Committee
Town of Lamoine
606 Douglas Hwy
Lamoine, ME 04605

Dear Mr. Marckoon:

On behalf of the leadership and medical staff of Maine Coast Memorial Hospital, thank you for your full consideration of this financial request. As we strive to advance the mission of *serving our communities with excellence in healthcare*, charitable support remains essential for our community Hospital.

We ask that the town of Lamoine consider support at the \$600 level, with funds directed to the MCMH Medication Assistance Program. Maine Coast Memorial Hospital provides prescription medication assistance to qualified residents who could not otherwise afford it. This service has been a significant benefit to residents of Lamoine.

Enclosed is the completed application form. Please do contact me if you need additional information. My contact number is 664-5548. We appreciate the Town of Lamoine's consideration of this request.

Sincerely,



Jack A. Frost
Executive Director
Maine Coast Healthcare Foundation

Enc.

**Town of Lamoine
Application for Agency Funding**

Submitted by: Maine Coast Memorial Hospital, 50 Union Street, Ellsworth, Maine

Contact: Jack A. Frost, Executive Director, Maine Coast Healthcare Foundation
Tel: 207-664-5548 Email: jfrost@mainehospital.org

Date: November 17, 2010

Support for: MCMH Prescription Assistance Program

1. *Services for Residents* - Funds from the Town of Lamoine will go directly to support the MCMH Prescription Assistance Program. This program is available to residents who are not able to pay for their medications and includes all ages. The Prescription Assistance Program is offered through the MCMH Department of Disease Management and has been a local service for eight years. Recent twelve month data shows that 54 residents of Lamoine participated in the program and these individuals received \$52,134 of free medications.
2. *Organization Purpose* - Maine Coast Memorial Hospital is a 64-bed, nonprofit community healthcare facility that primarily serves the residents of Hancock and western Washington counties. Our mission is to serve our community with excellence in healthcare. In addition to the main hospital facility in Ellsworth, Maine Coast Memorial Hospital operates five clinics that provide primary and outpatient care.
3. *Other Fundraising Efforts* – MCMH has several fundraising efforts each year. Charitable donations make a tremendous difference for our community Hospital. Support typically comes from the Annual Fund Appeal, Events (Poinsettia Ball, Chef's Gala, Volunteer Craft Fair, Golf Tournament), Capital Appeals, Civic Organization and Municipality Appeals, and Foundation Proposals.
4. *MCMH Budget* - Attached are copies of the Hospital's FY2011 Budget and the FY2011 Department of Disease Management Budget.

RUN DATE: 11/17/10
 RUN TIME: 1028
 RUN USER: ACY JOYH

RUN: FINCHT RPT. MISUMBLD FMT: INCLUD
 PAGE 1

MAINE COAST MEMORIAL HOSPITAL
 STATEMENT OF REVENUES & EXPENSES
 06/30/11
 TRIAL

ACTUAL	CURRENT PERIOD		ACTUAL	YEAR-TO-DATE		VARIANCE
	BUDGET	VARIANCE		BUDGET	VARIANCE	
0.00	3,764,176.00	(3,764,176.00)		44,811,647.00	(44,811,647.00)	(100.0)%
0.00	8,142,012.00	(8,142,012.00)		96,928,669.00	(96,928,669.00)	(100.0)%
0.00	139,008.00	(139,008.00)		1,654,851.00	(1,654,851.00)	(100.0)%
0.00	2,678,198.00	(2,678,198.00)		30,743,004.00	(30,743,004.00)	(100.0)%
0.00	14,723,394.00	(14,723,394.00)		174,138,171.00	(174,138,171.00)	(100.0)%
0.00	7,458,687.00	(7,458,687.00)		88,561,083.00	(88,561,083.00)	(100.0)%
0.00	7,264,707.00	(7,264,707.00)		85,577,088.00	(85,577,088.00)	(100.0)%
0.00	78,707.00	(78,707.00)		1,220,000.00	(1,220,000.00)	(100.0)%
0.00	7,343,414.00	(7,343,414.00)		86,797,088.00	(86,797,088.00)	(100.0)%
0.00	2,585,591.00	(2,585,591.00)		31,387,212.00	(31,387,212.00)	(100.0)%
0.00	960,304.00	(960,304.00)		11,590,221.00	(11,590,221.00)	(100.0)%
0.00	948,683.00	(948,683.00)		10,391,270.00	(10,391,270.00)	(100.0)%
0.00	897,280.00	(897,280.00)		10,339,327.00	(10,339,327.00)	(100.0)%
0.00	555,436.00	(555,436.00)		7,509,926.00	(7,509,926.00)	(100.0)%
0.00	75,051.00	(75,051.00)		905,180.00	(905,180.00)	(100.0)%
0.00	474,235.00	(474,235.00)		5,464,456.00	(5,464,456.00)	(100.0)%
0.00	282,327.08	(282,327.08)		3,452,409.51	(3,452,409.51)	(100.0)%
0.00	550,546.00	(550,546.00)		6,613,500.00	(6,613,500.00)	(100.0)%
0.00	7,329,453.08	(7,329,453.08)		87,653,501.51	(87,653,501.51)	(100.0)%
0.00	13,960.92	(13,960.92)		(856,413.51)	856,413.51	(100.0)%
0.00	37,500.00	(37,500.00)		450,000.00	(450,000.00)	(100.0)%
0.00	41,675.00	(41,675.00)		500,100.00	(500,100.00)	(100.0)%
0.00	93,135.92	(93,135.92)		93,686.49	(93,686.49)	(100.0)%

Town of Lamoine
Application for Outside Agency Funding
Submission Deadline November 30, 2010

Organization Name	Downeast Health Services-WIC Program
Mailing Address	52 Christian Ridge Road
City, State, Zip	Ellsworth, Me 04605
Contact Person	Trudy Lunt
Telephone Number(s)	667-5304 Ext 222
E-mail address	trudy.lunt@maine.gov
Tax Identification Number	01-0317427
Amount of Funding Sought (limit \$600*)	\$600.00 limit
Date of Application	11/17/10

Please provide the following information (use separate sheet or submit additional materials if necessary):

- We served 27 clients from Lamoine last year*
- Outline the services to be provided to the residents of Lamoine for the fiscal year (July through June) in which the funds are sought.
We provide health screenings, nutrition advise, and checks for healthy foods for income eligible pregnant or breast feeding women, in Fants + children under 5.
 - State the General Purpose of your organization
*Mission Statement:
Downeast Health Services provides for the health, safety and well being of children and their families in Downeast Maine.*
 - Outline other fundraising efforts by your organization
*- Seeking grants
- Requests for donations are sent to every town in Hancock + Washington where clients are served.*
 - Please attach a copy of your organization's most recent operating budget

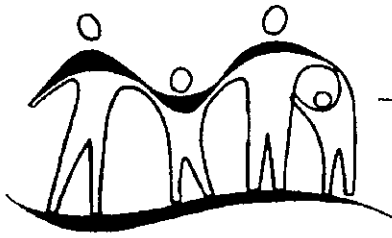
You may send other supporting material with this request. The Town of Lamoine makes no guarantee that any organization will be funded.

I certify that the above and attached information about my organization is true to the best of my knowledge.

Trudy Lunt
Signature

11/17/10
Date

Trudy Lunt
Printed Name



Downeast Health Services, Inc.

Providing for the health, safety and well being of
children and their families in Downeast Maine

WIC Report

Women, Infants and Children (WIC) is a federal nutrition program. Downeast Health Services holds the contract for Hancock and Washington Counties.

We provide health screenings, referrals, nutrition education, and checks for healthy foods, for income eligible pregnant and nursing women, infants and children up to their 5th birthday.

The checks are for milk, cheese, juice, cereal, eggs, fruits and vegetables, whole grains, peanut butter, beans, infant cereal, infant foods and formula. **The value of the checks we provided for 27 clients in 2010 from Lamoine was \$17,172. There is no cost to the clients.**

We understand that the funding is flat funded to the amount of \$600. This is the amount of the original successful request, and we are changing our request to \$600.

Trudy Lunt LPN

Local WIC Director
Downeast Health Services
52 Christian Ridge Road
Ellsworth, Me 04605

DOWNEAST HEALTH SERVICES	
Fiscal Year 2011 Board Approved Budget	
	TOTAL 2011 BUDGET
INCOME	
DONATIONS	\$ 131,465
OTHER GRANTS	\$ 252,511
FEDERAL/STATE GRANTS	\$ 952,005
UNITED WAY	\$ 15,420
CLIENT FEES	\$ 878,257
MISCELLANEOUS	\$ 36,837
USDA FOOD	\$ 1,399,020
INKIND INCOME	\$ 8,829
DEVELOPMENT FUNDRAISING	\$ 23,000
FUNDRAISING	\$ 35,000
	\$ 3,732,344
TOTAL INCOME	
EXPENSE	
DIRECT SALARIES	\$ 1,159,706
DIRECT FRINGE	\$ 266,732
UNIFORM EXPENSE	\$ 1,400
SUPPLIES	\$ 43,162
MEDICAL SUPPLIES/CONTRACEPTIVES	\$ 93,622
FUNDRAISING EXP	\$ 9,000
TELEPHONE	\$ 10,082
TRAVEL	\$ 48,439
TRAINING	\$ 6,400
MEETING	\$ 900
LAB	\$ 19,400
CONTRACT HELP	\$ 78,064
AUDIT	\$ 18,775
INSURANCE/LEGAL	\$ 12,573
MALPRACTICE INS	\$ 9,082
TECHNOLOGY-PROGRAM SPECIFIC	\$ 5,300
OTHER	\$ 19,713
G&A SALARIES	\$ 220,582
G&A FRINGE	\$ 50,734
G&A OTHER	\$ 43,864
OCCUPANCY	\$ 142,645
TECHNOLOGY	\$ 25,431
USDA FOOD	\$ 1,399,020
INKIND EXPENSES	\$ 8,829
TOTAL EXPENSE	\$ 3,693,455
NET SURPLUS/(LOSS)	\$ 38,890

Town of Lamoine
Application for Outside Agency Funding
Submission Deadline November 30, 2010

Organization Name	Downtown Horizons
Mailing Address	1200 State Highway 3
City, State, Zip	Bar Harbor ME 04609
Contact Person	Ashley Johnson
Telephone Number(s)	207-667-7464
E-mail address	ajohnson@dehi.org
Tax Identification Number	
Amount of Funding Sought (limit \$600*)	\$600.00
Date of Application	November 30, 2010

Please provide the following information (use separate sheet or submit additional materials if necessary):

1. Outline the services to be provided to the residents of Lamoine for the fiscal year (July through June) in which the funds are sought.

See attached

2. State the General Purpose of your organization

See attached

3. Outline other fundraising efforts by your organization

See attached

4. Please attach a copy of your organization's most recent operating budget

See attached

You may send other supporting material with this request. The Town of Lamoine makes no guarantee that any organization will be funded.

I certify that the above and attached information about my organization is true to the best of my knowledge.

Ashley E. Johnson
Signature

11/5/2010
Date

Ashley Johnson
Printed Name



"Helping people reach their dreams"

November 5, 2010

Board of Selectmen
Town of Lamoine
606 Douglas Highway
Lamoine, ME 04605

Dear Selectmen,

We are requesting \$600 from the Town of Lamoine to enable Downeast Horizons to continue our mission of assisting adults and children with disabilities from your town.

The rules governing Mainecare services our clients receive have changed, limits have been imposed, and waiting lists have been implemented. These changes directly affect individuals assisted by Downeast Horizons. Our annual budget of \$4.5 million is very lean and assists people with developmental disabilities by providing residential and community support services. Funds received from municipalities and donors go directly to benefit those we support.

Currently there are 106 individuals receiving direct services...approximately 265 family members served indirectly...and it is through our partnership with local municipalities that we are able to meet this growing need for services. It is our belief that being included in the community provides additional opportunities, a larger support system, and a higher quality of life to the people we assist.

Please know we are personally grateful to your town for the compassion and past support received for adults and children with developmental disabilities, down syndrome, and autism. There has never been a year that seems so challenging, yet despite the economic downturn, our communities and donors continue to see Downeast Horizons as a shining, bright light for serving individuals living with developmental disabilities. Witnessing these individuals' bright smiles out in the community and the delight in their eyes, we know they are an investment we see a return on every day!

Thank you, on behalf of those we assist and for your consideration in providing a safe, secure community life for those served by Downeast Horizons.

Sincerely,

Ashley E. Johnson
Resource Coordinator

Enclosure: Budget FY 2011
Agency Annual Report
Agency Newsletter

1200 STATE HIGHWAY 3
BAR HARBOR, ME 04609
TEL: 207-288-4234
FAX: 207-288-1056

77 UNION STREET
ELLSWORTH, ME 04605
TEL: 207-667-7464
FAX: 207-667-1977

Board of Directors

Mr. Armand Auclair
President, Southwest Harbor
Mr. John Moore
Vice-President, Ellsworth
Ms. Robyn Lessard
Secretary, Ellsworth
Mr. Jeffrey Fernald
Treasurer, Ellsworth

Mr. Michael Drake
Holden
Mrs. Jennie Gray
Tremont
Mrs. Kristin Ottman
Hancock
Ms. Alice Workman
Lamoine

Mr. Anthony Zambrano
Executive Director

Town of Lamoine

Application for Outside Agency Funding

Submission Deadline November 30, 2010

- 1. Outline the services to be provided to the residents of Lamoine for the fiscal year (July through June) in which the funds are sought.**

Program participants do not pay fees for services to Downeast Horizons. The Maine Department of Health and Human Services (DHHS) provides Program participant specific funding for each person (a combination of federal and state funds, very similar to services received from a medical provider). All of our Program participants currently qualify for these funds under low-income guidelines. However, due to recent discussions at the state level regarding budget cuts, there is uncertainty if there will be reductions to current funding. The average cost to serve each DEHI program participant \$35,714.28. For program participants who live in our group homes, that cost is more than double. Downeast Horizons needs to currently raise approximately 5 percent of its operating budget each year in private and municipal funds to meet its current budget of \$4.5 million.

The funding received from your town pays for needs that are needed but not funded adequately through DHHS. These needs include specialized medical equipment, Special Olympics, program and training supplies, transportation costs and program activity funds.

- 2. State the general purpose of your organization.**

Downeast Horizons (DEH) provides a variety of services to adults and children with developmental disabilities who live in the Town of Mount Desert and Hancock County through its two program centers, eight group homes, and community supports. Housing (both group-style and apartments), life skills & socialization training, day & evening enrichment programs, and employment assistance programs are designed to increase our clients' independence and contribution to the community.

- 3. Outline other fundraising efforts by your organization.**

We do two direct mail appeals, one in spring and one in the fall, we grant write, person-to-person appeals, planned giving campaign, and various fund raising activities that include cookbook sales, raffles, and craft sales.

CURRENT OFFICIAL BUDGET

**DOWNEAST HORIZONS
BUDGET
FY 2011**

	PROGRAMS					
	COMBINED	RESIDENTIAL	DAY	Community/ Childrens	ADMIN	Dev
Operating Revenues						
Maine Care	4,497,630	2,070,780	1,504,997	921,853	0	0
Grant in Aid	33,032	33,032	0	0	0	0
Donor Support	45,000	0	0	0	0	45,000
Municipal Support	12,000	0	0	0	0	12,000
USDA Food Stamps	0	0	0	0	0	0
Other State (Non DHHS)	0	0	0	0	0	0
Sub-Total MaineCare	4,587,662	2,103,812	1,504,997	921,853	0	57,000
Interest Income	10,400	0	0	0	0	10400
Client Fees - Rm & Bd	160,824	160,824	0	0	0	0
Total Revenue	4,758,886	2,264,636	1,504,997	921,853	0	67,400
Operating Expenses						
Wages	2,482,862	1,082,655	683,210	467,842	244,123	5,032
Benefits	896,991	466,104	229,140	114,502	85,345	1,900
Sub-Total Wages & Benefits	3,379,853	1,548,759	912,350	582,344	329,468	6,932
Other Expenses						
Rent	61,991	38,766	13,200	8,400	1,625	0
Building Depreciation	80,497	19,026	61,471	0	0	0
Capital Interest-Building	26,465	20,240	6,225	0	0	0
Food	97,471	83,987	10,427	1,288	1,200	570
Building Repair-materials	54,852	18,778	33,144	14	2,916	0
Building Repair-labor	87,460	46,253	39,712	0	1,496	0
Electricity	22,447	11,879	10,568	0	0	0
Heat	36,251	18,496	17,755	0	0	0
Water & Sewer	6,894	4,245	2,634	16	0	0
Household	25,765	19,917	5,604	47	149	49
Insurance - Fire/Property	17,856	6,607	11,249	0	0	0
Rubbish Removal	4,393	2,532	1,861	0	0	0
Snow Removal	5,341	1,846	3,495	0	0	0
Communications	24,241	8,144	13,692	876	1,529	0
Shared Living Provider	54,245	0	0	54,245	0	0
Program Materials	8,750	2,313	4,376	2,040	0	21
Annual-Picnic/Meeting	14,857	210	485	162	0	14,000
Internet/Cable	11,086	7,964	2,314	14	144	650
Technology-Hardware/Software	25,079	10,395	4,444	2,025	8,138	76
Technology-Maint	10,273	1,001	5,259	0	3,823	190
Technology-Supplies	785	336	267	48	135	0
Equipment Maint & Repair	2,529	1,119	955	9	446	0
Equipment Purchases-Minor	87,312	30,975	45,491	3,647	4,095	3,104
Deprec - Equipment	7,493	372	4,833	0	2,288	0
Insurance - Professional Liab	9,733	3,596	6,124	0	13	0
Insurance - Bonding	23	23	0	0	0	0
Interest - Routine	43	14	0	0	29	0
Medical/Hygiene Supplies	15,314	13,368	1,915	20	10	0
Motivational/Diversional	20,490	4,050	10,350	5,400	39	651
Training	13,079	8,302	2,667	634	1,380	96
Travel (Mileage)	78,301	15,391	15,538	42,059	4,557	756
Subscriptions	1,041	0	273	0	769	0
Auto Depreciation	52,295	37,210	15,085	0	0	0
Vehicle Repair	18,751	12,267	6,384	100	0	0
Vehicle Gas	28,265	18,547	9,717	0	0	0
Vehicle Interest	2,912	1,159	1,753	0	0	0
Vehicle Insurance	13,703	5,070	8,633	0	0	0
Event/Camp Registration	4,336	1,843	878	545	1,070	0
Office Supplies	28,888	6,066	10,436	1,261	7,932	3,193
Postage/Fax	5,373	693	1,327	39	1,176	2,137
Auditing/Accounting	41,000	20,000	10,000	10,000	0	1,000
Equipment Lease	12,348	1,449	8,408	106	135	2,250
Advertising	17,365	2,721	6,292	7,008	818	527
Employment Fees	4,989	1,692	1,599	1,488	210	0
Membership Dues	7,732	182	877	354	3,839	2,481
Service Provider Tax	195,485	103,539	75,250	16,696	0	0
Licensing Fee	1,161	1,161	0	0	0	0
Legal Fees	4,615	2,778	1,196	48	593	0
Bank Fees	1,462	852	498	0	47	65
Payroll Service	8,184	0	0	0	8,184	0
Employee Recognition	5,398	2,150	1,100	863	1,286	0
Consumer Recognition	6,954	1,350	3,450	1,900	106	148
Contracted Clerical	5,458	156	3	123	588	4,589
Sub-Total Other Expenses	1,379,033	621,026	499,213	161,476	60,764	36,554
Total Operating Expenses	4,758,886	2,169,785	1,411,563	743,820	390,232	43,486
					8.20%	
Net Earnings/(Deficit) From Operations	0					

Keeping the Promise to the People We Serve

Town of Lamoine
Application for Outside Agency Funding
Submission Deadline November 30, 2010

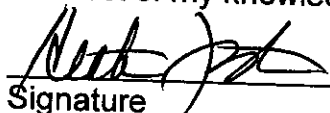
Organization Name	DOWN EAST AIDS Network
Mailing Address	25 A Pine Street
City, State, Zip	Ellsworth ME 04605
Contact Person	Heather Foster
Telephone Number(s)	667-3506
E-mail address	heather@downeastaidnetwork.org
Tax Identification Number	01-0441229
Amount of Funding Sought (limit \$600*)	\$600-
Date of Application	11/5/2010

Please provide the following information (use separate sheet or submit additional materials if necessary):

- Outline the services to be provided to the residents of Lamoine for the fiscal year (July through June) in which the funds are sought.
Anonymous, free HIV testing; HIV prevention and education; case management and emergency financial assistance to HIV positive clients.
- State the General Purpose of your organization
To support those affected by HIV; to educate & inform the public; and to prevent the spread of the virus.
- Outline other fundraising efforts by your organization
In addition to delivering services under contract to the State of Maine, we seek grant funding from private and non profit entities, appeal to towns, individuals, groups, churches and hold an annual fundraising walk in May.
- Please attach a copy of your organization's most recent operating budget
(Attached.)

You may send other supporting material with this request. The Town of Lamoine makes no guarantee that any organization will be funded. The Town Meeting vote will determine which agencies will be funded at what level. Applicants may send a representative to speak about the request at town meeting which will be held on Wednesday, April 7, 2010 at 6PM at the Lamoine School Gym.

I certify that the above and attached information about my organization is true to the best of my knowledge.


Signature

11.5.10
Date

Heather Foster
Printed Name

1:35 PM

11/05/10

Accrual Basis

Down East AIDS Network

Profit & Loss Budget Overview

January through December 2010

	Jan - Dec 10
Ordinary Income/Expense	
Income	
MCDC (BOH) - PREVENTION	106,745.00
CASE MANAGEMENT - BOH	55,566.92
Medicaid/Mainecare	76,892.72
MCD/ADAPT Co-Pay	1,000.00
Health Ways RMCL	81,315.00
United Way	20,559.00
Grants	27,375.00
Town Allocations	5,000.00
Interest Revenue	273.05
Total Income	374,726.69
Expense	
Payroll	217,236.78
Consultants	9,033.00
Professional/Technical Services	14,385.00
Occupancy	33,858.50
Retreat	5,500.00
Maintenance	845.00
Materials & Supplies	8,569.74
Needle Exchange Program	1,100.00
Adv. & Publicity	4,500.00
Food	2,738.71
General Other Expenses	2,246.55
On-Line/Internet	2,724.00
Insurance Expense	2,816.99
Postage	914.97
Printing	80.30
People With AIDS Direct Expense	39,146.00
Telephone	12,091.43
Testing supplies	4,500.00
Needles	2,400.00
Training & Conferences	932.34
Travel	9,028.88
Copier	699.60
Misc. Expenses	100.00
Total Expense	375,447.79
Net Ordinary Income	(721.10)
Other Income/Expense	
Other Income	
Contributions	2,483.91
Fundraising Events	6,000.00
Total Other Income	8,483.91
Other Expense	
Fundraising Expenses	444.34
Total Other Expense	444.34
Net Other Income	8,039.57
Net Income	7,318.47

Town of Lamoine
Application for Outside Agency Funding
Submission Deadline November 30, 2010

Previously
Hospice of Hancock
County

Organization Name	Hospice Volunteers of Hancock County
Mailing Address	14 McKenzie Ave
City, State, Zip	Ellsworth ME 04605
Contact Person	Jody Wolford-Tucker
Telephone Number(s)	667-2531
E-mail address	jwtucker@hospiceofhancock.org
Tax Identification Number	01-0385020
Amount of Funding Sought (limit \$600*)	\$600.00
Date of Application	10/28/10

Please provide the following information (use separate sheet or submit additional materials if necessary):

- Outline the services to be provided to the residents of Lamoine for the fiscal year (July through June) in which the funds are sought.
Free volunteer support to individuals living at the end of life and their caregivers; free bereavement support for those grieving the loss of a loved one.
- State the General Purpose of your organization.
volunteer hospice support to individuals living at the end of life and their caregivers; bereavement support for those grieving the loss of a loved one; community education.
- Outline other fundraising efforts by your organization.
private donations, fundraising events, foundation grants, & contract fees w/ medical hospice programs; no fees to users of our services.
- Please attach a copy of your organization's most recent operating budget

✓ attached

You may send other supporting material with this request. The Town of Lamoine makes no guarantee that any organization will be funded.

I certify that the above and attached information about my organization is true to the best of my knowledge.

M J Wolford-Tucker
Signature

10/28/10
Date

Jody Wolford-Tucker, Executive Director
Printed Name



14 McKenzie Avenue • Ellsworth, Maine 04605 • www.hospiceofhancock.org
207-667-2531 • Fax 207-667-9406 • e-mail: info@hospiceofhancock.org

~ Volunteer Service Since 1980 ~

October 27, 2010

Slightly new name;
Same compassionate mission

Board of Selectmen
Lamoine
606 Douglas Highway
Lamoine, ME 04605

Dear Board of Selectmen,

Here's wishing you and the residents of Lamoine a lovely Downeast Maine fall season! Here at Hospice Volunteers of Hancock County, we are feeling the excitement of this time of change. Having just celebrated our 30th anniversary of service to the communities of Hancock County, we are strongly aware of the gifts that come our way through our partnerships with the surrounding towns. Without the support of our community colleagues we couldn't reach the individuals and families who need our free volunteer hospice and bereavement services.

We sincerely appreciate the support the residents of Lamoine have provided to us in the past, and are writing to request your partnership again in the coming year. **Please consider a gift of \$600 to Hospice Volunteers of Hancock County in your upcoming budget.**

During the past year, our well-trained and committed volunteers have been here to answer the call for service to 131 patients and their families, including 1 resident of Lamoine.

In addition, we have provided approximately 1200 gestures of bereavement support to those grieving the loss of a loved one, including services to 2 Lamoine residents.

Our Evensong singers have sung at the bedsides of 37 patients in the last year, and this unique service continues to grow throughout the region.

We had a tremendous 30th year of service, recognizing the history, strength and relationships on which this organization has been built. We are very grateful for the many contributors to these programs, and look forward to continuing to grow with you in the coming years. As part of our growth at 30 years, we have adopted a slight change to our name, becoming: Hospice Volunteers of Hancock County (previously Hospice of Hancock County). For us, it's all about the volunteers who dedicate themselves to compassionate support for those living at the end of life and their families.

Thank you again for joining us. Best wishes to you and all those you serve!

Sincerely,

Jody Wolford Tucker, Ph.D.
Executive Director



5:16 PM

09/02/10

Accrual Basis

HOHC *Hospice Volunteers of Hancock County*

Profit & Loss Budget Overview

July 2010 through June 2011

Jul '10 - Jun 11**Ordinary Income/Expense****Income**

Annual Meeting Income	300.00
Appeal Income	48,500.00
Co-shared Contracts	14,000.00
Donations and Gifts	24,000.00
Fundraiser	46,200.00
Grant Income	13,000.00
Newsletter Income	2,000.00
Program Income	5,000.00
Restricted Income	6,800.00
Special Gifts	24,000.00
Training	1600.00
Swan Trust	<u>21,500.00</u>
Distribution from Restricted Fund	<u>34,000.00</u>

- Town Appeal gifts are in here, budgeted at \$13,000 total for the current year.

Total Income	240,900.00
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Expense

Advertising Expense	4,600.00
Annual Meeting Expense	3,500.00
Bank Charges	300.00
Bereavement Program Expense	1,550.00
Board Expense	872.00
Capital Expense	1,500.00
Co-Share Splits	2,300.00
Dues and Publications	1,000.00
Equipment Lease	2,250.00
Fundraising	6,500.00
Insurance	6,205.00
Library Expense	300.00
Licenses and Permits	200.00
Maintenance & Repairs	5,360.00
Newsletter Expense	5,000.00
Office Supplies	4,500.00
Outreach Expense	1,500.00
Patient Care Support	600.00
Payroll Expense	162,663.00
Postage	3,000.00
Printing	1,000.00
Professional Fees	9,900.00
Staff Expense	1,750.00
Strategic Plan Expense	500.00
Teleconference Exp.	1,500.00
Travel Expense	2,500.00
Utilities	6,950.00
Volunteer Expense	<u>3,100.00</u>

Total Expense	240,900.00
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Net Ordinary Income	0.00
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Net Income	0.00
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Town of Lamoine
 Application for Outside Agency Funding
 Submission Deadline November 30, 2010

Organization Name	Eastern Area Agency on Aging
Mailing Address	450 Essex St.
City, State, Zip	Bangor, ME 04401
Contact Person	Stephanie McCue
Telephone Number(s)	(207) 992-0124
E-mail address	Smccue@eaaa.org
Tax Identification Number	01-0328376
Amount of Funding Sought (limit \$600*)	\$ 250.00
Date of Application	10/11/2010

Please provide the following information (use separate sheet or submit additional materials if necessary):

- Outline the services to be provided to the residents of Lamoine for the fiscal year (July through June) in which the funds are sought.
 Community Cafés, Meals on Wheels, Caregiver assistance, legal services, Benefits Checkups, other information Referral services
- State the General Purpose of your organization
 Social Services
- Outline other fundraising efforts by your organization
 Events at local Cafes Feinstein Challenge
 Raffles United Way
 Annual Appeal misc grants
- Please attach a copy of your organization's most recent operating budget

You may send other supporting material with this request. The Town of Lamoine makes no guarantee that any organization will be funded.

I certify that the above and attached information about my organization is true to the best of my knowledge.

Stephanie McCue
 Signature

10/11/2010
 Date

Stephanie McCue
 Printed Name Admin. Assistant

Town of Lamoine
Application for Outside Agency Funding
Submission Deadline November 30, 2010

Organization Name	Immanuel Homeless Shelter
Mailing Address	PO Box 811
City, State, Zip	Ellsworth, Me. 04605
Contact Person	Sister Lucille MacDonald
Telephone Number(s)	207-667-3962
E-mail address	srucille@aol.com
Tax Identification Number	91-0287624
Amount of Funding Sought (limit \$600*)	\$400
Date of Application	10/8/2010

Please provide the following information (use separate sheet or submit additional materials if necessary):

1. Outline the services to be provided to the residents of Lamoine for the fiscal year (July through June) in which the funds are sought.
Hospitality, food, paper, gas vouchers, fuel, electric, rent, clothing, furniture, holidays (Thanksgiving + Christmas)
2. State the General Purpose of your organization
A Homeless Shelter and needs of the people of Hancock + Washington County
3. Outline other fundraising efforts by your organization
Spring First Concert + Auction, Spring + Fall Appeals, food drives, talk to organizations + churches
4. Please attach a copy of your organization's most recent operating budget

You may send other supporting material with this request. The Town of Lamoine makes no guarantee that any organization will be funded.

I certify that the above and attached information about my organization is true to the best of my knowledge.

Sister Lucille MacDonald
Signature

10/8/2010
Date

Sister Lucille MacDonald
Printed Name

EMMAUS HOMELESS SHELTER
2010 Shelter Budget
Shelter Physical Year: January 1 – December 30, 2010

REVENUES: AMOUNT

1. ESG & STATE	84,000.00	(Estimate ?)
3. DONATIONS/FUNDRAISING	156,000.00	
TOTALS	\$240,000.00	

EXPENSES: AMOUNT

1. Advertising	1,000.00
2. Conference / Meetings	1,000.00
3. Depreciation	0
4. Direct Client expenses	10,000.00
5. Employee Benefits	3,000.00
6. Equipment / Furniture	5,000.00
7. Food	5,000.00
8. Insurance	14,000.00
9. Maintenance / Repairs	11,000.00
10. Payroll Taxes	1,000.00
11. Postage /Office	10,000.00
12. Professional Fees / Dues	1,600.00
13. Rent	0
14. Salaries / Stipends	130,000.00
Health Ins.	8,400.00
15. Supplies	5,000.00
16. Telephone	5,000.00
17. Travel / Vehicles	5,000.00
18. Utilities	
Fuel	9,000.00
Sewer / Water	3,000.00
Electric	8,000.00
19. Legal Fees	1,000.00
20. Fundraising	3,000.00
TOTALS	\$240,000

Town of Lamoine
Application for Outside Agency Funding
Submission Deadline November 30, 2010

Organization Name	Open Door Recovery Center
Mailing Address	P.O. Box 958
City, State, Zip	Ellsworth, Me 04605-0958
Contact Person	Barbara Royal
Telephone Number(s)	667-3210 479-3275
E-mail address	barbara@odrc84.org
Tax Identification Number	22-2548836
Amount of Funding Sought (limit \$600*)	\$600.00
Date of Application	

Please provide the following information (use separate sheet or submit additional materials if necessary):

1. Outline the services to be provided to the residents of Lamoine for the fiscal year (July through June) in which the funds are sought. *Assessments, treatment, referrals, Adult Drug Court, Prevention Education in the school systems*
2. State the General Purpose of your organization *Open Door provides Intensive Outpatient Substance Abuse Treatment. (Since 1984) ages 18 & up at Open Door, adolescents & 12 year olds for prevention education. Recovery House for women with their babies during treatment @ Open Door.*
3. Outline other fundraising efforts by your organization *Grant writing, entertainment @ the Grand Theater*
4. Please attach a copy of your organization's most recent operating budget

You may send other supporting material with this request. The Town of Lamoine makes no guarantee that any organization will be funded.

I certify that the above and attached information about my organization is true to the best of my knowledge.

Barbara Royal, LLC, Director, 9/27/10
 Signature _____ Date _____

Barbara Royal
 Printed Name _____

Open Door Recovery Center Projected Operating Budget (2010 - 2011)

Utilities

Phone	3,600.00
Cell Phone	1,200.00
Electric	1,920.00
Heat	2,700.00
Copier	3,312.00
Mortgage	7,853.52
Total	\$20,585.52

Training & Travel

Training	\$7,200.00
Travel	\$2,000.00
Total	\$9,200.00

Supplies

Office Supplies	\$4,500.00
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Jail Program

Counselor	33,250.00
Counselor	33,250.00
Total	66,500.00

Equipment

Replacements	\$1,500.00
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Maintenance

Building & Grounds	\$1,600.00
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Salaries

Fringe Benefits (Health Ins. + Flex-Time)

Barbara (Director)	41,352.00	8,260.00
LADC Counselor	37,192.00	7,764.00
LADC (Vacant)	33,072.00	6,628.00
LADC (Vacant)	33,072.00	6,628.00
LADC	33,250.00	7,516.00
LADC	31,992.00	6,772.00
LADC	34,112.00	6,732.00
LADC (Vacant)	33,072.00	6,628.00
QA (Vacant)	27,872.00	6,108.00
Admin. Assist	31,992.00	7,144.00
Office Assist. (Vacant)	18,720.00	
Clinical Suprv.	22,500.00	
Total	\$378,198.00	\$70,180.00

Payroll Tax

\$37,328.07

Personnel Costs

\$485,706.07

IOP	\$456,000.00
AfterCare	\$61,200.00
Total	\$517,200.00

Family Prog. \$58,110.00

Miscellaneous	\$2,000.00
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Annual Budget \$1,166,901.59



Eastern Maine HomeCare

AN EMHS MEMBER

*Serving northern, eastern and
central Maine*

Patient Referral Line:
1.866.591.8843

EMHC Office Locations

**Bangor Area Visiting Nurses
Hospice of Eastern Maine**
885 Union Street, Suite 220
Bangor, Maine 04401
207.973.6550
Fax 207.973.6555

**Hancock County HomeCare*
& Hospice**
82 Water Street
PO Box 156
Blue Hill, Maine 04614
207.374.5510
Fax 207.374.2151

**Visiting Nurses of Aroostook
Hospice of Aroostook**
VNA Caribou
EMHC Corporate
14 Access Highway
Caribou, Maine 04736
207.498.2578
Fax 207.493.3111

VNA Houlton
2 Water Street, Suite 1
Houlton, Maine 04730
207.532.9261
Fax 207.532.1341

November 1, 2010

Town of Lamoine
606 Douglass Highway
Lamoine, ME 04605

Dear Selectmen and Residents of Lamoine:

Our patients, families and staff appreciate your annual steadfast support of Hancock County HomeCare. We are grateful to live in an area where the community places value on caring for neighbors. We could not provide this service without the help of towns like yours. Thank you so much.

Hancock County HomeCare – formerly Four Town Nursing Service - made 14,817 patient visits last fiscal year. One hundred ninety three (193) of them were in Lamoine. Your friends and neighbors needed wound care, rehabilitation services, hospice care, pain management, intravenous therapy, and nutritional assessments. These services were provided by skilled nurses, certified home health aides, physical, occupational, and speech therapists, and medical social workers.

We are extremely grateful for last year's donation of \$579 and are requesting the same amount again this year. Thanks again for helping us care for your community.

Sincerely,

Morag Robertson
Morag Robertson, Clinical Manager
Hancock County HomeCare

*We remain grateful
for your support.
Thank you.*